•	PATEN'	EC	ORD	Application or Docket Number 10/552159									
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)								SMALL ENT		OR	OTHER SMALL		
a.u	NATIONAL S	STAGE FEES						RATE	FEE	1	RATE	FEE.	
BASIC FEE			SMALL ENT. = 8 150		LARG	E ENT. = \$ 300	1	BASIC FEE	/	OR	BASIC FEE	300	
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = \$50 / \$ 100			ver situations = 100 / \$ 200		EXAM. FEE		1	EXAM FEE	210	
SEARCH FEE			All other situations (io. Ho Search Rpt.) = \$ 250 / \$ 500		U.S. Is ISA = 850/8100 ALL other countries = \$ 200/\$ 400			SEARCH FEE			SEARCH FEE	480	
FEE FOR EXTRA SPEC. PGS.			min	us 100 =		/ 50 =		X \$ 126 =			X \$ 250 =		0
TOTAL CHARGEABLE CLAIMS			57 minus 20 = .			37		×\$ 25 =		OR	X \$ 50 =	1850	BEST
INDEPENDENT CLAIMS			8° m	linus 3 = .		5		X \$ 100 =		OR	X \$ 200 =	1000	
MUL	TIPLE DEPEN	DENT CLAIM PRI	SENT					+ \$ 180 =		OR	+ \$ 360 =		≨
* If the difference in column 1 is less than zero, enter "O" in column 2								TOTAL		OR	TOTAL	7750	5
CLAIMS AS AMENDED PART II OTHER THAN COLUMN 1) (Column 2) (Column 3) COLUMN 3) COLUMN 3) COLUMN 3) COLUMN 3)												AVAILABLE (
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	er USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	YGOO
	Total	· 57	Minus	" 5	7	&		X \$ 25 =		OR	X\$50=		
AMEN	Independent	. &	Minus	8		Ф		X \$ 100 =		O R	X \$ 200 =		
,	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+\$ 180 =		OR	+ \$ 360 =		
	1141	DE 120	14014	1,46	, 5	3		TOYAL ADDIT.		OR	TOTAL ADDIT.		
(Column 1) (Column 2) (Column 3)													
ENDMENT 8		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• .	Minus	••		5		·X \$ 25 =		OR	X \$ 50 =		
AMEN	Independent	•	Minus	***		•		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =		
							•	TOTAL ADDIT:		OR	TOTAL ADDIT.		
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".													